

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12950

State File No. \_\_\_\_\_

FILED APR 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6102 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson rural 2 yrs</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis 1990</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WARD</u> b. (Middle) <u>E</u> c. (Last) <u>CAMPBELL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 29 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 7 1895</u>	
9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>4</u>		11. DAYS <u>29</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>							
13a. FATHER'S NAME <u>George Campbell</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie Hardman</u>		14. NAME OF HUSBAND OR WIFE <u>June Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>492 078175</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>June Campbell; Memphis Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chest crushed by Tractor running over him causing death</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E91213</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>099</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Scotland Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 29 1953 10 A.M.</u>				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				21f. HOW DID INJURY OCCUR? <u>Right leg caught in Tractor due to no fender guard on Right side of Tractor</u>			
23a. SIGNATURE <u>Dr. G. M. Simler D.O. Coroner of Scotland County</u>				23b. ADDRESS <u>Gorin Mo.</u>		23c. DATE SIGNED <u>3/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Mar 31 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friendship cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Scotland Mo</u>							
DATE REC'D BY LOCAL REG. <u>4/3/53</u>				REGISTRAR'S SIGNATURE <u>Dora G. Turner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur Bassett Memphis Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Alfred C. Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.